



STATE OF ALASKA

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

BOARD OF PHARMACY

Physical Address: 333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801

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PROCEDURE TO OBTAIN A WHOLESALE DRUG DISTRIBUTOR LICENSE

In accordance with AS 08.80.157, a facility engaged in the manufacture, production, or wholesale distribution of drugs or devices shall be licensed by the board. If operations are conducted at more than one location, each location shall be licensed by the board.

NOTE: Please read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and provide all necessary documentation. The board will not issue a license until your application is complete.

PUBLIC INFORMATION

All information supplied with this application is available to the public unless required to be kept confidential by state or federal law. Information about licensees, including mailing addresses, is available from the division's website at www.commerce.state.ak.us/occ under "Professional License Search."

APPLICATION FOR REGISTRATION

The following must be on file before the board may review the application for approval:

1. Completed notarized application.
2. Fees required in accordance with 12 AAC 02.310; payable to the "State of Alaska."

\$ 50.00	Nonrefundable application fee
<u>\$400.00</u>	License fee
\$450.00	Total required
3. Names and resumes of all owners, principal corporate officers, directors, or primary stockholders responsible for the wholesale drug facility.
4. Federal employer identification number.
5. Name and resume of the person who will manage the wholesale distribution of drugs and the wholesale drug facility.
6. Two sets of completed fingerprint cards of the facility manager
7. List of pharmacists working in the facility.
8. Completed self-inspection report

APPLICATION FOR CHANGE OF OWNERSHIP

In accordance with 12 AAC 52.040, when ownership of a facility changes, a new license is required. The existing license must be returned and a new application, along with the appropriate fees and supporting documentation, must be submitted. The following must be on file before the board may review the application for approval:

1. Completed application and supporting documentation (see 1 through 8 above).
2. Fees required in accordance with 12 AAC 02.310; payable to the "State of Alaska."

\$ 50.00	Nonrefundable application fee
<u>\$400.00</u>	License fee
\$450.00	Total required
3. Return of the existing Alaska wholesale drug distributor license that was issued under the former owner's application.

APPLICATION FOR CHANGE OF NAME OR LOCATION

In accordance with 12 AAC 52.030, when ownership of a pharmacy changes, a new license is required. The existing license must be returned and a new application, along with the appropriate fees and supporting documentation, must be submitted. The following must be on file before the board may review the application for approval:

1. Completed application and supporting documentation (see 1 through 8 above).
2. Fees required in accordance with 12 AAC 02.310; payable to the "State of Alaska."

\$ 50.00	Nonrefundable application fee
<u>\$ 5.00</u>	Duplicate License fee
\$ 55.00	Total required
3. Return of the existing Alaska wholesale drug distributor license that was issued under the former name or location.

FINGERPRINT CARD REQUIREMENTS

A wholesale drug distributor license application must be accompanied by two complete fingerprint cards for the facility manager. Take the fingerprint cards, these instructions, and photo identification to a local law enforcement or other authorized agency to have the fingerprinting done. Please follow these instructions carefully; the back of the fingerprint card has additional information.

Fingerprint cards that do not comply with the following will be rejected:

- Only State of Alaska cards may be used; other types of cards are not acceptable.
- No staples or staple holes are permitted in the fingerprint cards. Also, do not tape, tear, or fold the cards.
- Ensure that the prints are done properly and well. Poor quality prints, smudging, or incomplete fingerprints will cause the cards to be rejected.
- All information on the card is essential; incomplete cards will be rejected. Please type or print and sign in **BLACK INK only**, no other color is permitted. Complete all applicable sections of the top portion of the card as follows:

NAME: Enter the facility manager's last name followed by a comma (,) then first name and middle name (if any); suffix denoting seniority (Jr., Sr., II, etc.) follows the middle or first name.

SIGNATURE OF PERSON FINGERPRINTED: Must be signed in black ink.

RESIDENCE OF PERSON FINGERPRINTED: Enter the facility manager's physical residence address.

DATE: Date fingerprinting was done.

EMPLOYER AND ADDRESS: Enter the name and address of the wholesale drug distributing facility.

REASON FINGERPRINTED: Enter **"Wholesale drug distributor facility manager, AS 12.62.160."**

ALIASES/AKA: List other names used by the facility manager that are different from the NAME block; also list maiden names and all previous married names. Enter **"Client #1344"** at the bottom of the block.

CITIZENSHIP/CTZ: Enter US if a citizen of the United States, otherwise, enter correct country abbreviation.

YOUR NO/OCA: Leave this space blank.

FBI NO/FBI: Enter the facility manager's assigned FBI number, if known.

ARMED FORCES NO/MNU: Leave this space blank.

SOCIAL SECURITY NO/SOC: List the facility manager's Social Security Number.

MIS NO/MNU: If the facility manager is an Alaska resident, enter the Alaska driver's license or state ID number.

ORIGINATING AGENCY IDENTIFIER (ORI): Cards are preprinted with AKAST0100, DPS, ANCHORAGE.

SEX: Enter F for female, M for male. Indicate if a transvestite (cross-dresser) or has had a sex change operation. List any opposite sex names used in the Aliases/AK block.

RACE: Enter race using one of the following one-character alphabetic o

A	=	Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese
B	=	Black
I	=	American Indian, Alaska Native, Eskimo
W	=	White, Mexican, Latin, Puerto Rican, Cuban, Central/South American, and other Spanish cultures
U	=	Unknown

HEIGHT: Must be entered in feet and inches, fractions rounded off to the nearest inch (Example: 5'11" entered as 511).

WEIGHT: Must be entered in pounds, fractions round off to the nearest pound.

EYES: Enter eye color using one of the following three-character codes:

BLK	=	Black	GRY	=	Gray	MAR	=	Maroon
BLU	=	Blue	GRN	=	Green	PNK	=	Pink
BRO	=	Brown	HAZ	=	Hazel	UNK	=	Unknown

HAIR: Enter hair color using one of the following three-character codes:

BAL	=	Bald	BRO	=	Brown	SDY	=	Sandy
BLK	=	Black	GRY	=	Gray	WHI	=	White
BLN	=	Blonde	RED	=	Red	XXX	=	Unknown

DATE OF BIRTH/DOB: Enter birthdate as month, day, year. Note: If DOB is blank, the card will not be processed.

PLACE OF BIRTH/POB: List the state, territorial possession, Canadian province, or country of birth. Use the correct abbreviation for foreign countries or correctly spell the country's name. DO NOT use city or county name as a POB.

FINGERPRINT IMPRESSION BLOCKS (Individual and simultaneous): It is very important that care be taken to prepare the fingerprint cards properly. It will save much more time and avoid rejections to assure acceptability the first time! Use black printer's ink. Fingers should be clean and dry before being inked. Use neither too much nor too little ink, neither too much nor too little pressure to make the impressions. To ensure legibility, all ten fingers must be rolled from nail to nail, and include the first flexion crease. Detail must be sufficient on all ten individual prints to clearly define the loop, whorl, arch, or other pattern. Roll the prints in the correct sequence (note the right- and left-hand designations in the finger blocks) and obtain simultaneous "plain" impressions. Indicate amputated finger(s) or finger(s) missing at birth.

REMEMBER: All instructions must be followed correctly. All information on the card is essential. Illegible, incomplete, or incorrect cards will be rejected and returned unprocessed.

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WHOLESALE DRUG DISTRIBUTOR APPLICATION

- ☐ New application
- \$ 450.00
- ☐ Changes
- ☐ Change ownership

\$ 450.00

Existing license number

- ☐ Name change only

\$ 55.00

Existing license number

- ☐ Location change

\$ 55.00

Existing license number

THIS APPLICATION MUST BE COMPLETED IN FULL. If any section does not apply, please write N/A in the space provided. TYPE OR PRINT IN INK ALL INFORMATION. A personal check, certified check or money order payable to the "State of Alaska" **MUST** accompany this application.

Company/Owner Name: _____

Facility Name: _____

Street Address: _____

_____ Zip Code: _____

Mailing Address: _____

_____ Zip Code: _____

Telephone Number: _____ Emergency Telephone Number: _____

Federal Employer Identification Number: _____

DEA Registration Number: _____

Ownership of Facility:

NOTE: Licenses are nontransferable and any change of name, location, ownership requires a new license.

☐ Sole Proprietorship

☐ Partnership

☐ Corporation

Name of Owners/Partners/Officers

Title

Personnel:

Name of Facility Manager: _____

License Number: _____

Home Address of Facility Manager: _____

Telephone: _____

Zip Code: _____

Professional Fitness:

The following questions must be answered. If any of the following answers are "yes," please explain in detail, in affidavit form, on a separate sheet, and provide any supporting documents.

1. Have you as the owner, or any partner, corporate officer, the facility manager, or any employee violated a federal, state, or local law relating to the practice of pharmacy, drug samples, wholesale or retail drug or device distribution, or distribution of controlled substances? ☐ Yes ☐ No
2. Have you as the owner, or any partner, corporate officer, the facility manager, or any employee had a felony conviction under federal, state, or local law? ☐ Yes ☐ No
3. Have you as the owner, or any partner, corporate officer, the facility manager, or any employee furnished false or fraudulent material in an application made in connection with drug or device manufacturing or distribution? ☐ Yes ☐ No
4. Have you as the owner, or any partner, corporate officer, the facility manager, or any employee had a suspension or revocation by federal, state, or local government of a license currently or previously held for the manufacture or distribution of drugs or devices, including controlled substances? ☐ Yes ☐ No
5. Have you as the owner, or any partner, corporate officer, the facility manager, or any employee obtained remuneration by fraud, misrepresentation, or deception? ☐ Yes ☐ No
6. Have you as the owner, or any partner, corporate officer, the facility manager, or any employee had dealings with drugs or devices that are known or should have been known to be stolen drugs or devices? ☐ Yes ☐ No
7. Have you as the owner, or any partner, corporate officer, the facility manager, or any employee of the wholesale drug distributor dispensed or distributed drugs or devices directly to patients? ☐ Yes ☐ No

I HEREBY CERTIFY that the information in this application is true and correct. I understand that any false or fraudulent information may result in failure to obtain licensure as a wholesale drug distributor in Alaska, or subsequent revocation of license. I understand that information supplied with this application is considered public, unless required to be kept confidential pursuant to state or federal law.

Signature of Owner or Officer

Signature of Facility Manager

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public
My Commission Expires: _____